MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 318 Primary Registration District No. 1003 Registrar's No. Registration_District No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE VS 300 6. COUNTY admission)

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3 NAME OF DECASED FIRST Middle Barnes DATE Month Day Year	T			1 [ļ	1	C. FULL NAME OF (IF N	on)			d. STREET (If outside, give			give location)	Re	side on Farm	
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Delay De	3] / F	-		ᆌ.	_3		First		Middle		Last	4. DATE	Mo	1' Ata	Day	Year
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10	_°_27	2	Ì	1 1					16. S	OCIAL SECURIT	Y NO.	17. INFORMANT		• 4	Address		
PART I. DEATH WAS CAUSE (a) 1290 - 0 25 25 25 25 25 25 25	9			1 1		1,11	NO.	Nil.			-	Mrs. Mae I	da Will	iams,	4325 L	abadi	e, Ave.
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Conditions, if env, which gave rise to which gave rise to storing, the underlying cause last. 13	1,0	ا چا			¥.				Car	Mar		Calles	in			du	un_
Conditions, if env, which gave rise to which gave rise to storing, the underlying cause last. 13	3:1	Ö S	2		ାଧ		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	7		Ti.	111		ala	rest
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TO SEE CONDITION GIVEN IN PART IC. See Condition given in Part IC.	13	肖테	<u>-</u>	\vdash	\dashv	1.	stating; the	e ünder-]) <u></u> _			420	<u>·0</u>			<u> </u>	
TO SET TO STATE STATE		8	·	1		ĕ	PART II.	OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	O DEATI	H but not related to	the terminal	PART			
Death occurred at 20a. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE	90	2			-	15	* * *	Service Control Breen, in				-					•
Death occurred at 20a. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE		DWEN	-		-	CERTIFIC	19. WAS AUTOPSY 2 PERFORMED? YES NO			20b. DESCR	RIBE-HOV	W INJURY OCCURRED:	(Enter nature	of injury in	PART I or PA		tem (19.)
Death occurred at 20a. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE	_			Ιİ		₹		Month, Day; Year					_				
Death occurred at 7,00 AM mon, the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22b. ADDRESS 22c. DATE SIGNED 22c.		₹				ă	INJURY a.m.		• .		•						
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23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Removal 6-9-63 Montrose Cemetery Greenville, Illinoise 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRATE 25.	¥		3				 Death occurred at_ 	<u></u>	7,00 AM		on th	e date stated above, a	nd to the best	OT MY KNO	wiedge, mom		
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with the above constitutes grounds for revocation of license).

. - If this body is not embalmed, fact should be so stated above.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

STÄTEMENT BY LICENSED EMBALMER

orbỳ_	I nereby	certify tha	t the body whose	name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No.
	g under m	y persona	supervision.	74 A 2/ A
Student		Signature	of Student Embalmer	Licensed Embalmer No. 193
		سون		P. O. Address Sozies

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply